

CLASS LIMIT OF 9

Receipt #_____

**2005-2006
TROY RECREATION DEPARTMENT'S**

WATER FITNESS TO MUSIC

**Monday & Thursday, 1:30 - 2:30pm
At Lincoln Community Center**

Swimmer's Name _____ Phone _____

Address _____

(street)

Zip _____

Birthdate _____ Age _____

Allergic to any medication? _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____

(neighbor or relative)

_____ **SESSION 1 OCTOBER 10 – DECEMBER 1, 2005**

_____ **SESSION II JANUARY 9 – MARCH 2, 2006**

_____ **SESSION III MARCH 6 – APRIL 27, 2006**

REGISTRATION FEE: \$25.00 _____ PAID

WAIVER AND RELEASE

I, the undersigned, being fully aware of the dangers inherent to the sport of swimming, do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, Lincoln Community Center and its Director and Board, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the Water Fitness To Music.

Date _____ Signature _____

REFUND POLICY: The department will make refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.